



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### Participant ID

**Variable #** 1 **Usage Notes:** none  
**Sas Name:** ID **Categories:** Study: Administration  
**Sas Label:** Participant ID  
**Type:** Continuous

#### F30 Days since randomization/enrollment

**Variable #** 2 **Usage Notes:** none  
**Sas Name:** F30DAYS **Categories:** Study: Administration  
**Sas Label:** F30 Days since randomization/enrollment  
**Type:** Continuous

#### F30 Visit number

Number of the visit where this form was collected.

**Variable #** 3 **Usage Notes:** none  
**Sas Name:** F30VNUM **Categories:** Study: Administration  
**Sas Label:** Visit number  
**Type:** Continuous

#### F30 Contact type

The method used to collect form data.

**Variable #** 4 **Usage Notes:** none  
**Sas Name:** F30CONT **Categories:** Study: Administration  
**Sas Label:** Contact type  
**Type:** Categorical

**Values**

1	Phone
2	Mail
3	Visit
8	Other

#### F30 Hospitalized in last two years

Have you been hospitalized overnight at any time during the past two years?

**Variable #** 5 **Usage Notes:** Not collected on all versions of Form 30.  
**Sas Name:** HOSP2Y **Categories:** Medical History  
**Sas Label:** Hospitalized overnight last two years  
**Type:** Categorical

**Values**

0	No
1	Yes



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#### F30 Glaucoma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Glaucoma

Variable # 6

Usage Notes: Not collected on all versions of Form 30.

Sas Name: GLAUCOMA

Categories: Medical History: Other Disease/Condition

Sas Label: Glaucoma ever

Type: Categorical

Values

0	No
1	Yes

#### F30 Cataracts

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Cataract(s)

Variable # 7

Usage Notes: Not collected on all versions of Form 30.

Sas Name: CATARACT

Categories: Medical History: Other Disease/Condition

Sas Label: Cataract ever

Type: Categorical

Values

0	No
1	Yes

#### F30 High cholesterol

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High cholesterol requiring pills

Variable # 8

Usage Notes: Not collected on all versions of Form 30.

Sas Name: HICHOLRP

Categories: Medical History: Cardiovascular

Sas Label: High cholesterol requiring pills ever

Type: Categorical

Values

0	No
1	Yes

#### F30 Asthma

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Asthma

Variable # 9

Usage Notes: none

Sas Name: ASTHMA

Categories: Medical History: Other Disease/Condition

Sas Label: Asthma ever

Type: Categorical

Values

0	No
1	Yes



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#### F30 Emphysema/chronic bronchitis

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Emphysema or chronic bronchitis

**Variable #** 10

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** EMPHYSEM

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Emphysema ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Kidney stones

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Kidney or bladder stones (renal or urinary calculi)

**Variable #** 11

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** KIDNEYST

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Kidney or bladder stones ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 High blood calcium

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) High blood calcium

**Variable #** 12

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** HIBLDCA

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** High blood calcium

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Stomach or duodenal ulcer

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Stomach or duodenal ulcer

**Variable #** 13

**Usage Notes:** none

**Sas Name:** STOMULCR

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Stomach or duodenal ulcer ever

**Type:** Categorical

**Values**

0	No
1	Yes



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**F30 Diverticulitis**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Diverticulitis

Variable # 14

Usage Notes: Not collected on all versions of Form 30.

Sas Name: DIVERTIC

Categories: Medical History: Other Disease/Condition

Sas Label: Diverticulitis ever

Type: Categorical

Values

0	No
1	Yes

**F30 Ulcerative colitis or Crohns**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Ulcerative colitis or Crohn's disease

Variable # 15

Usage Notes: none

Sas Name: COLITIS

Categories: Medical History: Other Disease/Condition

Sas Label: Ulcerative colitis ever

Type: Categorical

Values

0	No
1	Yes

**F30 Systemic erythematosus**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Systemic erythematosus ("lupus" or SLE)

Variable # 16

Usage Notes: none

Sas Name: LUPUS

Categories: Medical History: Other Disease/Condition

Sas Label: Lupus ever

Type: Categorical

Values

0	No
1	Yes

**F30 Pancreatitis**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Pancreatitis (inflamed pancreas)

Variable # 17

Usage Notes: none

Sas Name: PANCREAT

Categories: Medical History: Other Disease/Condition

Sas Label: Pancreatitis ever

Type: Categorical

Values

0	No
1	Yes



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**F30 Osteoporosis**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Osteoporosis (weak, thin, or brittle bones)

**Variable #** 18 **Usage Notes:** none

**Sas Name:** OSTEOPOR **Categories:** Medical History: Bone/Fractures

**Sas Label:** Osteoporosis ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Hip replacement**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Hip replacement

**Variable #** 19 **Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** HIPREP **Categories:** Medical History: Bone/Fractures  
Medical History: Other Disease/Condition

**Sas Label:** Hip replacement ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Other joint replacement**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Other joint replacement

**Variable #** 20 **Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** OTHJREP **Categories:** Medical History: Other Disease/Condition

**Sas Label:** Other joint replacement ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Part of intestines removed**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.) Part of intestines taken out

**Variable #** 21 **Usage Notes:** none

**Sas Name:** INTESTRM **Categories:** Medical History: Other Disease/Condition

**Sas Label:** Part of intestines removed ever

**Type:** Categorical

**Values**

0	No
1	Yes



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**F30 Migraine headaches**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Migraine headaches

**Variable #** 22

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** MIGRAINE

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Migraine headaches ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Alzheimers disease**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Alzheimer's disease

**Variable #** 23

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** ALZHEIM

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Alzheimer's disease ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Multiple sclerosis**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Multiple sclerosis

**Variable #** 24

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** MS

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** MS ever

**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Parkinsons disease**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Parkinson's disease

**Variable #** 25

**Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** PARKINS

**Categories:** Medical History: Other Disease/Condition

**Sas Label:** Parkinson's disease ever

**Type:** Categorical

**Values**

0	No
1	Yes



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**F30 Amyotrophic lateral sclerosis**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
Amyotrophic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)

Variable # 26

Usage Notes: Not collected on all versions of Form 30.

Sas Name: ALS

Categories: Medical History: Other Disease/Condition

Sas Label: ALS ever

Type: Categorical

Values

0	No
1	Yes

**F30 None of the above conditions**

Has a doctor told you that you have any of the following conditions or have you had any of the following procedures? (Please mark all that apply.)  
None of the above

Variable # 27

Usage Notes: Not collected on all versions of Form 30.

Sas Name: NACOND

Categories: Medical History: Other Disease/Condition

Sas Label: None of listed medical conditions ever

Type: Categorical

Values

0	No
1	Yes

**F30 Heart or circulation problems**

Has a doctor ever told you that you had heart problems, problems with your blood circulation, or blood clots?

Variable # 28

Usage Notes: Not collected on all versions of Form 30.

Sas Name: CVD

Categories: Medical History: Cardiovascular

Sas Label: Cardiovascular disease ever

Type: Categorical

Values

0	No
1	Yes

**F30 Cardiac arrest**

Please mark the conditions or procedures below that a doctor said you had. Cardiac arrest (where your heart stopped and needed to be restarted)

Variable # 29

Usage Notes: Sub-question of F30 V3 Q3 "Heart or circulation problems".

Sas Name: CARDREST

Categories: Medical History: Cardiovascular

Sas Label: Cardiac arrest ever

Type: Categorical

Values

0	No
1	Yes



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**F30 Heart failure**

Please mark the conditions or procedures below that a doctor said you had. Heart failure or congestive heart failure

**Variable #** 30 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".  
**Sas Name:** CHF\_F30 Not collected on all versions of Form 30.  
**Sas Label:** Congestive heart failure ever **Categories:** Medical History: Cardiovascular  
**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Cardiac catheterization**

Please mark the conditions or procedures below that a doctor said you had. Cardiac catheterization (heart catheterization or coronary angiogram)

**Variable #** 31 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".  
**Sas Name:** CARDCATH **Categories:** Medical History: Cardiovascular  
**Sas Label:** Cardiac catheterization ever  
**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Heart bypass**

Please mark the conditions or procedures below that a doctor said you had. Heart bypass operation or coronary bypass surgery for blocked or clogged arteries in you heart

**Variable #** 32 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".  
**Sas Name:** CABG **Categories:** Medical History: Cardiovascular  
**Sas Label:** Coronary bypass surgery ever  
**Type:** Categorical

**Values**

0	No
1	Yes

**F30 Angioplasty-coronary artery**

Please mark the conditions or procedures below that a doctor said you had. Angioplasty of the coronary arteries (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA)

**Variable #** 33 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".  
**Sas Name:** PTCA **Categories:** Medical History: Cardiovascular  
**Sas Label:** Angioplasty of coronary arteries ever  
**Type:** Categorical

**Values**

0	No
1	Yes



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#### F30 Carotid endarterectomy

Please mark the conditions or procedures below that a doctor said you had. Carotid endarterectomy or carotid angioplasty (operation for blockage or narrowing of the arteries in your neck)

**Variable #** 34 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".

**Sas Name:** CAROTID **Categories:** Medical History: Cardiovascular

**Sas Label:** Carotid endarterectomy/angioplasty ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Atrial fibrillation

Please mark the conditions or procedures below that a doctor said you had. Atrial fibrillation (a type of irregular heart beat)

**Variable #** 35 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".

**Sas Name:** ATRIALFB **Categories:** Medical History: Cardiovascular

**Sas Label:** Atrial fibrillation ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Aortic aneurysm

Please mark the conditions or procedures below that a doctor said you had. Aortic aneurysm

**Variable #** 36 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".

**Sas Name:** AORTICAN **Categories:** Medical History: Cardiovascular

**Sas Label:** Aortic aneurysm ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 None of above heart problems

Please mark the conditions or procedures below that a doctor said you had. None of the above

**Variable #** 37 **Usage Notes:** Sub-question of F30 V3 Q3 "Heart or circulation problems".  
Not collected on all versions of Form 30.

**Sas Name:** NACVD **Categories:** Medical History: Cardiovascular

**Sas Label:** None of the listed CVD conditions ever

**Type:** Categorical

**Values**

0	No
1	Yes



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#### F30 Arthritis ever

Did your doctor ever say that you had arthritis?

Variable # 38

Usage Notes: none

Sas Name: ARTHRIT

Categories: Medical History: Other Disease/Condition

Sas Label: Arthritis ever

Type: Categorical

Values

0	No
1	Yes

#### F30 Type of Arthritis

What type of arthritis do you have?

Variable # 39

Usage Notes: Sub-question of F30 V3 Q4 "Arthritis ever".  
Not collected on all versions of Form 30.

Sas Name: RHEUMAT

Categories: Medical History: Other Disease/Condition

Sas Label: Rheumatoid arthritis ever

Type: Categorical

Values

1	Rheumatoid Arthritis
8	Other/Don't Know

#### F30 Gallbladder disease/gallstones

Did a doctor ever say that you had gallbladder disease or gallstones?

Variable # 40

Usage Notes: none

Sas Name: GALLBS

Categories: Medical History: Other Disease/Condition

Sas Label: Gallbladder disease or gallstones ever

Type: Categorical

Values

0	No
1	Yes

#### F30 Gallbladder disease now

Do you now have gallbladder disease or gallstones?

Variable # 41

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Sas Name: GALLBSNW

Categories: Medical History: Other Disease/Condition

Sas Label: Gallbladder disease or gallstones now

Type: Categorical

Values

0	No
1	Yes



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**F30 Gallstones removed**

Did you ever have a procedure to remove gallstones?

Variable # 42

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Sas Name: GALLSTRM

Categories: Medical History: Other Disease/Condition

Sas Label: Gallstones removed

Type: Categorical

Values

0	No
1	Yes

**F30 Gallbladder removed**

Did you have your gallbladder removed?

Variable # 43

Usage Notes: Sub-question of F30 V3 Q5 "Gallbladder disease/gallstones".

Sas Name: GALLBLRM

Categories: Medical History: Other Disease/Condition

Sas Label: Gallbladder removed

Type: Categorical

Values

0	No
1	Yes

**F30 Thyroid gland problem ever**

Did a doctor ever say that you had a thyroid gland problem (not including thyroid cancer)?

Variable # 44

Usage Notes: none

Sas Name: THYROID

Categories: Medical History: Thyroid

Sas Label: Thyroid gland problem ever

Type: Categorical

Values

0	No
1	Yes

**F30 Goiter ever**

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Goiter (large thyroid gland)

Variable # 45

Usage Notes: Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
Not collected on all versions of Form 30.

Sas Name: GOITER

Categories: Medical History: Thyroid

Sas Label: Goiter ever

Type: Categorical

Values

0	No
1	Yes
9	Don't know



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**F30 Goiter now**

If yes do you now have this problem? Goiter (large thyroid gland)

**Variable #** 46  
**Sas Name:** GOITERNW  
**Sas Label:** Goiter now  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
Sub-question of F30 V3 Q6.1.1 "Goiter ever".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes

**F30 Nodule ever**

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Nodule (lumps in the thyroid gland)

**Variable #** 47  
**Sas Name:** NODULE  
**Sas Label:** Thyroid nodule ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes
9	Don't know

**F30 Nodule now**

If yes do you now have this problem? Nodule (lumps in the thyroid gland)

**Variable #** 48  
**Sas Name:** NODULENW  
**Sas Label:** Thyroid nodule now  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
Sub-question of F30 V3 Q6.1.2 "Nodule ever".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes

**F30 Overactive thyroid ever**

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Overactive thyroid

**Variable #** 49  
**Sas Name:** OVRTHY  
**Sas Label:** Overactive thyroid ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes
9	Don't know



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#### F30 Overactive thyroid now

If yes do you now have this problem? Overactive thyroid

**Variable #** 50  
**Sas Name:** OVRTHYNW  
**Sas Label:** Overactive thyroid now  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
 Sub-question of F30 V3 Q6.1.3 "Overactive thyroid ever".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes

#### F30 Underactive thyroid ever

Do you have any of the following conditions? (Please mark "No" or "Yes" for each condition.) Underactive thyroid

**Variable #** 51  
**Sas Name:** UNDTHY  
**Sas Label:** Underactive thyroid ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes
9	Don't know

#### F30 Underactive thyroid now

If yes do you now have this problem? Underactive thyroid

**Variable #** 52  
**Sas Name:** UNDTHYNW  
**Sas Label:** Underactive thyroid now  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q6 "Thyroid gland problem ever".  
 Sub-question of F30 V3 Q6.1.4 "Underactive thyroid ever".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Thyroid

**Values**

0	No
1	Yes

#### F30 Hypertension

Did a doctor ever say that you had hypertension or high blood pressure? (Do not include high blood pressure that you had only when you were pregnant.)

**Variable #** 53  
**Sas Name:** HYPT  
**Sas Label:** Hypertension ever  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Medical History: Cardiovascular

**Values**

0	No
1	Yes



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#### F30 Age when told hypertension

How old were you when you were told you had high blood pressure? (Give your best guess.)

**Variable #** 54 **Usage Notes:** Sub-question of F30 V3 Q7 "Hypertension".

**Sas Name:** HYPTAGE **Categories:** Medical History: Cardiovascular

**Sas Label:** Age told of hypertension

**Type:** Categorical

**Values**

1	Less than 20
2	20-29
3	30-39
4	40-49
5	50-59
6	60-69
7	70 or older

#### F30 Ever pills for high blood pressure

Did you ever take pills for high blood pressure?

**Variable #** 55 **Usage Notes:** none

**Sas Name:** HYPTPILL **Categories:** Medical History: Cardiovascular

**Sas Label:** Pills for hypertension ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Taking pills now for high BP

Do you now take pills for high blood pressure?

**Variable #** 56 **Usage Notes:** Sub-question of F30 V3 Q7 "Hypertension".  
Not collected on all versions of Form 30.

**Sas Name:** HYPTPILN **Categories:** Medical History: Cardiovascular

**Sas Label:** Pills for hypertension now

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Angina

Did a doctor ever say that you had angina (chest pains from a heart problem)?

**Variable #** 57 **Usage Notes:** none

**Sas Name:** ANGINA **Categories:** Medical History: Cardiovascular

**Sas Label:** Angina ever

**Type:** Categorical

**Values**

0	No
1	Yes



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**F30 Taking pills for angina now**

Do you now take pills for angina?

Variable # 58

Usage Notes: Sub-question of F30 V3 Q8 "Angina".

Sas Name: ANGINPIL

Categories: Medical History: Cardiovascular

Sas Label: Pills for angina ever

Type: Categorical

Values

0	No
1	Yes

**F30 Peripheral arterial disease**

Did a doctor ever say that you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)? Do not include varicose veins or phlebitis.

Variable # 59

Usage Notes: none

Sas Name: PAD

Categories: Medical History: Cardiovascular

Sas Label: Peripheral arterial disease ever

Type: Categorical

Values

0	No
1	Yes

**F30 Angiography ever**

For the above condition, have you ever had: Angiography (dye in the arteries of the legs)?

Variable # 60

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".  
Not collected on all versions of Form 30.

Sas Name: PADANGGR

Categories: Medical History: Cardiovascular

Sas Label: Angiography for PAD ever

Type: Categorical

Values

0	No
1	Yes

**F30 Angioplasty-peripheral artery**

For the above condition, have you ever had: Angioplasty (balloon catheter to open blockage)?

Variable # 61

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".  
Not collected on all versions of Form 30.

Sas Name: PADANGP

Categories: Medical History: Cardiovascular

Sas Label: Angioplasty for PAD ever

Type: Categorical

Values

0	No
1	Yes



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#### F30 Surgery to improve flow ever

For the above condition, have you ever had: Surgery to improve blood flow in your legs (do not include surgery for varicose veins)?

Variable # 62

Sas Name: PADSURG

Sas Label: Surgery to improve flow to legs for PAD

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q9 "Peripheral arterial disease".  
Not collected on all versions of Form 30.

Categories: Medical History: Cardiovascular

Values

0	No
1	Yes

#### F30 Colonoscopy or sigmoidoscopy

Have you ever had a colonoscopy or sigmoidoscopy or flex sig (where a doctor inserts a tube in the rectum to check for bowel problems)?

Variable # 63

Sas Name: COLNSCPY

Sas Label: Colonoscopy ever

Type: Categorical

Usage Notes: Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes

#### F30 When was last colonoscopy test

When was the last test?

Variable # 64

Sas Name: COLNSCDT

Sas Label: Date of last colonoscopy

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonoscopy or sigmoidoscopy".  
Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

1	Less than 5 years ago
2	5 or more years ago

#### F30 Ever had polyps removed

Did you ever have any polyps of the colon, intestine, bowel, or rectum removed?

Variable # 65

Sas Name: PCOLONRM

Sas Label: Polyps of colon removed

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q10 "Colonoscopy or sigmoidoscopy".  
Not collected on all versions of Form 30.

Categories: Medical History: Colorectal

Values

0	No
1	Yes



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### F30 Rectal stool exam ever

Have you ever given a sample of your stool (BM, bowel movement, or feces) to be checked or had a rectal stool exam by a doctor or nurse? This is sometimes called a stool guaiac or hemoccult test.

**Variable #** 66 **Usage Notes:** Not collected on all versions of Form 30.

**Sas Name:** HEMOCCUL **Categories:** Medical History: Colorectal

**Sas Label:** Hemoccult test ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 When was last stool test

When was the last test?

**Variable #** 67 **Usage Notes:** Sub-question of F30 V3 Q11 "Rectal stool exam ever".  
Not collected on all versions of Form 30.

**Sas Name:** HEMOCCDT **Categories:** Medical History: Colorectal

**Sas Label:** Date of last hemoccult test

**Type:** Categorical

**Values**

1	Less than 5 years ago
2	5 or more years ago

#### F30 Cancer ever (excluding non-melan. skin cancer)

Did a doctor ever say that you had cancer, a malignant growth, or tumor? (This does not include "fibroids" of the uterus.)

**Variable #** 68 **Usage Notes:** none

**Sas Name:** CANC\_F30 **Categories:** Medical History: Cancer

**Sas Label:** Cancer ever

**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Cancer - breast

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Breast

**Variable #** 69 **Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

**Sas Name:** BRCA\_F30 **Categories:** Medical History: Breast  
Medical History: Cancer

**Sas Label:** Breast cancer ever

**Type:** Categorical

**Values**

0	No
1	Yes



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### F30 Age cancer - breast

How old were you when a doctor first told you that you had this cancer. Breast

**Variable #** 70  
**Sas Name:** BRCA55  
**Sas Label:** Breast cancer 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
 Sub-question of F30 V3 Q12.1.1 "Cancer - breast".  
 Not collected on all versions of form 30.  
**Categories:** Medical History: Breast  
 Medical History: Cancer

**Values**

1	Less than 55
2	55 or older

#### F30 Cancer - ovary

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Ovary

**Variable #** 71  
**Sas Name:** OVRYCA  
**Sas Label:** Ovarian cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer  
 Medical History: Reproductive

**Values**

0	No
1	Yes

#### F30 Age cancer - ovary

How old were you when a doctor first told you that you had this cancer? Ovary

**Variable #** 72  
**Sas Name:** OVRYCA55  
**Sas Label:** Ovarian cancer 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
 Sub-question of F30 V3 Q12.1.2 "Cancer - ovary".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Cancer  
 Medical History: Reproductive

**Values**

1	Less than 55
2	55 or older

#### F30 Cancer - endometrium

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Endometrium (lining of the uterus or womb)

**Variable #** 73  
**Sas Name:** ENDO\_F30  
**Sas Label:** Endometrial cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer  
 Medical History: Reproductive

**Values**

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Age cancer - endometrium**

How old were you when a doctor first told you that you had this cancer? Endometrium (lining of the uterus or womb)

**Variable #** 74  
**Sas Name:** ENDOCA55  
**Sas Label:** Endometrium cancer 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q12.1.3 "Cancer - endometrium".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Cancer  
Medical History: Reproductive

**Values**

1	Less than 55
2	55 or older

**F30 Cancer - colon, rectum**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Colon, rectum, bowel or intestine

**Variable #** 75  
**Sas Name:** COLN\_F30  
**Sas Label:** Colorectal cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer  
Medical History: Colorectal

**Values**

0	No
1	Yes

**F30 Age cancer - colon, rectum**

How old were you when a doctor first told you that you had this cancer? Colon, rectum, bowel, or intestine

**Variable #** 76  
**Sas Name:** COLOCA55  
**Sas Label:** Colorectal cancer 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q12.1.4 "Cancer - colon, rectum".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Cancer  
Medical History: Colorectal

**Values**

1	Less than 55
2	55 or older

**F30 Cancer - thyroid**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Thyroid

**Variable #** 77  
**Sas Name:** THYRCA  
**Sas Label:** Thyroid cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer  
Medical History: Thyroid

**Values**

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Age cancer - thyroid**

How old were you when a doctor first told you that you had this cancer? Thyroid

**Variable #** 78  
**Sas Name:** THYRCA55  
**Sas Label:** Thyroid cancer 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q12.1.5 "Cancer - thyroid".  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Cancer  
Medical History: Thyroid

**Values**

1	Less than 55
2	55 or older

**F30 Cancer - cervix**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Cervix (opening to the uterus or womb)

**Variable #** 79  
**Sas Name:** CERVCA  
**Sas Label:** Cervix cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer  
Medical History: Reproductive

**Values**

0	No
1	Yes

**F30 Cancer - skin (not melanoma)**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Skin cancer (not melanoma)

**Variable #** 80  
**Sas Name:** SKINCA  
**Sas Label:** Skin cancer (not melanoma) ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer

**Values**

0	No
1	Yes

**F30 Cancer - melanoma**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Melanoma

**Variable #** 81  
**Sas Name:** MELN\_F30  
**Sas Label:** Melanoma cancer ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).  
**Categories:** Medical History: Cancer

**Values**

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Cancer - liver**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Liver

Variable # 82

Sas Name: LIVERCA

Sas Label: Liver cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

**F30 Cancer - lung**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Lung

Variable # 83

Sas Name: LUNGCA

Sas Label: Lung cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

**F30 Cancer - brain**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Brain

Variable # 84

Sas Name: BRAINCA

Sas Label: Brain cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Cancer

Values

0	No
1	Yes

**F30 Cancer - bone**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bone

Variable # 85

Sas Name: BONECA

Sas Label: Bone cancer ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Categories: Medical History: Bone/Fractures  
Medical History: Cancer

Values

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Cancer - stomach**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Stomach

Variable # 86

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: STOMCA

Categories: Medical History: Cancer

Sas Label: Stomach cancer ever

Type: Categorical

Values

0	No
1	Yes

**F30 Cancer - blood (leukemia)**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Blood (leukemia)

Variable # 87

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: LEUKCA

Categories: Medical History: Cancer

Sas Label: Leukemia cancer ever

Type: Categorical

Values

0	No
1	Yes

**F30 Cancer - bladder**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Bladder

Variable # 88

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: BLADCA

Categories: Medical History: Cancer

Sas Label: Bladder cancer ever

Type: Categorical

Values

0	No
1	Yes

**F30 Cancer - lymphoma**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Lymphoma

Variable # 89

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: LYMPHCA

Categories: Medical History: Cancer

Sas Label: Lymphoma cancer ever

Type: Categorical

Values

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Cancer - Hodgkins**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Hodgkin's

Variable # 90

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: HODGCA

Categories: Medical History: Cancer

Sas Label: Hodgkin's cancer ever

Type: Categorical

Values

0	No
1	Yes

**F30 Cancer - other**

What kind of cancer did you have? (Mark "No" or "Yes" for each type of cancer.) Other (Specify):

Variable # 91

Usage Notes: Sub-question of F30 V3 Q12 "Cancer ever" (skip pattern rule not applied).

Sas Name: OTHCA

Categories: Medical History: Cancer

Sas Label: Other cancer than listed ever

Type: Categorical

Values

0	No
1	Yes

**F30 How many falls/past 12 months**

During the past 12 months, how many times did you fall and land on the floor or ground?

Variable # 92

Usage Notes: none

Sas Name: NUMFALLS

Categories: Medical History: Bone/Fractures

Sas Label: Times fell down last 12 months

Type: Categorical

Values

0	None
1	1 time
2	2 times
3	3 or more times

**F30 Fainted or blacked out**

During the past 12 months, have you fainted, blacked out, passed out, or lost consciousness?

Variable # 93

Usage Notes: Not collected on all versions of Form 30.

Sas Name: FAINTED

Categories: Medical History  
Medical History: Other Disease/Condition

Sas Label: Fainted last 12 months

Type: Categorical

Values

0	No
1	Yes



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### F30 Broke bone ever

Did a doctor, nurse, or physician assistant ever say you had a broken, fractured, or crushed bone?

**Variable #** 94 **Usage Notes:** Not collected on all versions of Form 30.  
**Sas Name:** BKBONE **Categories:** Medical History: Bone/Fractures  
**Sas Label:** Broke bone ever  
**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Broke hip

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hip

**Variable #** 95 **Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
**Sas Name:** BKHIP **Categories:** Medical History: Bone/Fractures  
**Sas Label:** Broke hip ever  
**Type:** Categorical

**Values**

0	No
1	Yes

#### F30 Age broke hip

How old were you when you first broke this bone? Hip

**Variable #** 96 **Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
**Sas Name:** BKHIP55 **Categories:** Medical History: Bone/Fractures  
**Sas Label:** Broke hip first time 55 or older  
**Type:** Categorical

**Values**

1	Less than 55
2	55 or older

#### F30 Broke back or spine

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Spine or back (vertebra)

**Variable #** 97 **Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
**Sas Name:** BKBACK **Categories:** Medical History: Bone/Fractures  
**Sas Label:** Broke spine ever  
**Type:** Categorical

**Values**

0	No
1	Yes



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### F30 Age broke back or spine

How old were you when you first broke this bone? Spine or back (vertebra)

**Variable #** 98  
**Sas Name:** BKBACK55  
**Sas Label:** Broke spine first time 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
 Sub-question of F30 V3 Q15.1.2 "Broke back or spine".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Bone/Fractures

**Values**

1	Less than 55
2	55 or older

#### F30 Broke upper arm

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Upper arm (humerus)

**Variable #** 99  
**Sas Name:** BKUARM  
**Sas Label:** Broke upper arm ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Bone/Fractures

**Values**

0	No
1	Yes

#### F30 Age broke upper arm

How old were you when you first broke this bone? Upper arm (humerus)

**Variable #** 100  
**Sas Name:** BKUARM55  
**Sas Label:** Broke upper arm first time 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
 Sub-question of F30 V3 Q15.1.3 "Broke upper arm".  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Bone/Fractures

**Values**

1	Less than 55
2	55 or older

#### F30 Broke lower arm or wrist

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower arm or wrist

**Variable #** 101  
**Sas Name:** BKLARM  
**Sas Label:** Broke lower arm ever  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
 Not collected on all versions of Form 30.  
**Categories:** Medical History: Bone/Fractures

**Values**

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Age broke lower arm or wrist**

How old were you when you first broke this bone? Lower arm or wrist

Variable # 102

Sas Name: BKLARM55

Sas Label: Broke lower arm first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q15.1.4 "Broke lower arm or wrist".  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

**F30 Broke hand**

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Hand (not finger)

Variable # 103

Sas Name: BKHAND

Sas Label: Broke hand ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

**F30 Age broke hand**

How old were you when you first broke this bone? Hand (not finger)

Variable # 104

Sas Name: BKHAND55

Sas Label: Broke hand first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q15.1.5 "Broke hand".  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

**F30 Broke lower leg or ankle**

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Lower leg or ankle

Variable # 105

Sas Name: BKLLEG

Sas Label: Broke lower leg ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes



### Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

#### F30 Age broke lower leg or ankle

How old were you when you first broke this bone? Lower leg or ankle

Variable # 106

Sas Name: BKLLEG55

Sas Label: Broke lower leg first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q15.1.6 "Broke lower leg or ankle".  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

#### F30 Broke foot

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Foot (not toe)

Variable # 107

Sas Name: BKFOOT

Sas Label: Broke foot ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes

#### F30 Age broke foot

How old were you when you first broke this bone? Foot (not toe)

Variable # 108

Sas Name: BKFOOT55

Sas Label: Broke foot first time 55 or older

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q15.1.7 "Broke foot".  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

1	Less than 55
2	55 or older

#### F30 Broke other bone

Which bone(s) did you break and how old were you when the bone(s) first broke? (Please mark all that apply. If you don't know the exact age, please guess as close as you can.) Other (Specify):

Variable # 109

Sas Name: BKOTHB

Sas Label: Broke other bone ever

Type: Categorical

Usage Notes: Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Not collected on all versions of Form 30.

Categories: Medical History: Bone/Fractures

Values

0	No
1	Yes



Form 30 - Medical History

Data File: f30\_os\_base\_pub

File Date: 10/16/2003

Population: OS participants

**F30 Age broke other bone**

How old were you when you first broke this bone? Other (Specify):

**Variable #** 110  
**Sas Name:** BKOTHB55  
**Sas Label:** Broke other bone first time 55 or older  
**Type:** Categorical

**Usage Notes:** Sub-question of F30 V3 Q15 "Broke bone ever" (skip pattern rule not applied).  
Sub-question of F30 V3 Q15.1.8 "Broke other bone" (skip pattern rule not applied).  
Not collected on all versions of Form 30.  
**Categories:** Medical History: Bone/Fractures

**Values**

1	Less than 55
2	55 or older

**Hypertension**

Computed from Form 30, questions 7, 7.2, and 7.3. Three category variable on history of hypertension including information on current treatment. The three groups are never, currently untreated and currently treated hypertensive.

**Variable #** 111  
**Sas Name:** HTNTRT  
**Sas Label:** Hypertension  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Medical History: Cardiovascular

**Values**

0	Never hypertensive
1	Untreated hypertensive
2	Treated hypertensive

**Hip fracture age 55 or older**

Computed from Form 30, questions 15.1 and 15.2. Indicator of whether participant has had a hip fracture at age 55 or older. Set to missing if age at screening is less than 55.

**Variable #** 112  
**Sas Name:** HIP55  
**Sas Label:** Hip fracture age 55 or older  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Medical History: Bone/Fractures

**Values**

0	No
1	Yes

**Fracture at age 55+**

Computed from Form 30, questions 15, 15.1 and 15.2. Indicator of whether the participant has ever broken a bone for the first time at age 55 or older.

**Variable #** 113  
**Sas Name:** FRACT55  
**Sas Label:** Fracture at Age 55+  
**Type:** Categorical

**Usage Notes:** none  
**Categories:** Computed Variables  
Medical History: Bone/Fractures

**Values**

0	No
1	Yes



**Form 30 - Medical History**

**Data File:** f30\_os\_base\_pub

**File Date:** 10/16/2003

**Population:** OS participants

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**CABG/PTCA ever**

Computed from Form 30, questions 3.1.4 and 3.1.5. Indicator for whether the participant has a history of either CABG or PTCA.

**Variable #** 114

**Usage Notes:** none

**Sas Name:** REVASC

**Categories:** Computed Variables  
Medical History: Cardiovascular

**Sas Label:** CABG/PTCA Ever

**Type:** Categorical

**Values**

0	No
1	Yes

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